

CITY OF ST PAUL

Department of Safety and Inspections

				ckson St Minneso															
PROJECT	Numb	per	Street Na	ame		St. A	Ave. Blvd	l. Etc.		N S	SEW	Suite/A	pt	Buildi	ing Name		Da	te	
ADDRESS Contractor			(Inc	lude Conta	act Perso	on)	Addres City	is	(Per	mit will b	e mailed	to the Cont	ractor's A	ddress)		Phone			
State Building		c.#	Ø. 1	1.0			State, 2									DI.			
Property Own	er		(Incl	ude Conta	ct Perso	n)	Addres City	SS								Phone			
Architect							State, 2 Addres									Phone			
Arcintect							City,									Phone			
					Т.		State, 2									<u> </u>			
Select the Type of Work ► New Structure							Addition Remodel/Alter				·								
Select Ap	plicable	e Instal	llation l	Below.	Se	elect Ty	pe of U	se >				# of Ex	isting Dv	welling U	Jnits	-			
☐ Windows	s: # of w	indows	-				Commer			Reside	ential:	Final #	of Dwel	ling Unit	S	>			
☐ Roofing:	# of sau	I O M O C					t ial build ormation					# of Dv	Dwelling Units Worked On ►						
	_		_				Resider mercial			Comm	ercial·	Value o	of Coml	Work >	\$				
Siding: #	-		▶			t. Start		050.		st. Finis		Value of Coml. Work ►							
► Note: 1 So			are Feet		Da	te ►			Date ►			Total Value ►				\$all pertinent state regulations and			
Description	of Proje	ct:										at all inforn e complied							
														ant's Signa	ature				
									ONLY	FOR NE	W STRU	CTURE O			,		A '1	11.0	
	,		St	ructur			,	Feet)						s a Fire S i.e. – Spi		ion Syste	em Availa	able?	
Width	Leng	gth	Heig	ght		Square		В	Basem	ent	#	of Stories	-	е. Бр	Yes [٦	lo 🗆		
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Lot Width Lot Depth Front				Da			Dack			3					nuc 2				
							F	or Of	fice U	J se Onl	y	-							
		Cha	nge/Expa	ansion of	Use?	Yes	/ N	0						SUMM	ARY O	F FEES	5		
Existing Primar	y Use			Occi	ipancy (Group						Buildin	g Permit	Fee	\$				
Proposed Prima	ıry Use			Cons	struction	Туре													
,												Plan Cl	ieck Fee		\$				
Zoning District				Plan	Number	r						State St	urcharge		\$				
PLAN REVI	EW REN	MARKS													1				
												SAC			\$				
												Park D	edication	n Fee	\$				
S.A.C. #:			Reviev	wed By:	Г	Date:		Wa	arning	Folder #	ŧ			_					
Charge	Credit	<u>: </u>										Total	Permit	Fee	\$				
					•			Va	cant E	Bldg. Fold	ler#			(For 0	Office Use	Only)			
State Valu	uation	: \$										PERM	11T# ▶	•					
				ъ.				_ <u> </u>					xpiration						
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Enter Account Number ▶																			

GENERAL BUILDING PERMIT APPROVALS & REQUIREMENTS

If you are paying for your permit by American Express, Discover, MasterCard or Visa, you may fax your application.

The credit card information section must be filled in.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and check to us. Make checks payable to: City of St. Paul

FOR NEW CONSTRUCTION AND MULTI-FAMILY RESIDENTIAL OR COMMERCIAL ADDITIONS

Building Permit Application and two (2) complete sets of plans must have stamped approval by the following Offices prior to submittal to the plan examination section in DSI at 375 Jackson Street, Suite 220.

REQUIRED 1) Public Works – 10 th Floor City Hall Annex 25 W. 4 th Street (Bring Lot Survey with Legal Description)	REQUIRED 2) Public Works – Sewer 7 th Floor City Hall Annex 25 W. 4 th Street (Sewer Size and Location)
Assigned Address:	
Pin # :	
Legal Description:	

FOR OFFICE USE ONLY

Review	Required	Initials/OK	Date	
НРС				Site Plan Review is required for new construction
SITE PLAN REVIEW*				and additions to commercial buildings or residential buildings with 3 or more units.
SPECIAL USE PERMIT				(651-266-9086)
ENVIRONMENTAL / FOOD				

Building Field Inspectors are in the office for inspection requests between 7:30 – 9:00 AM, Monday – Friday. Phone number is 651-266-9002.

Permit Fee Information can be obtained by calling 651-266-9090, Monday – Friday, 7:30 – 4:30.